

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2523

1. PLACE OF DEATH

County DennisRegistration District No. 117.20Township GreenePrimary Registration District No. 2 6690

City _____ (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

colored5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFinfant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 13, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.11

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.infant9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc."10. Date deceased last worked at
this occupation (month and
year)"11. Total time (years)
spent in this
occupation112. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)mo

FATHER

13. NAME

John Freeman14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Miss.

MOTHER

15. MAIDEN NAME

Odesa Hays16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Miss.17. INFORMANT
(ADDRESS)Curtis Hays Hays, mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hays, mo.

DATE

Jan. 6.

1937

19. UNDERTAKER
(ADDRESS)Friends and neighbors

20. FILED

Jan. 6, 1937L

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 4, 1937 to Jan. 5, 1937I last saw him alive on Jan. 4, 1937. Death is saidto have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? S & SWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

As Shirey

M. D.

(Address) Hays, mo.

1072

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7

1. PLACE OF DEATH

County Pemiscot

Registration District No.

File No.

Township

Primary Registration District No.

Registered No. 2523

City

(No.)

St. Ward)

2. FULL NAME

(*) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>—</u>	<u>—</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. - 5 - 1937

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) U. G. Shirey, M. D.

(Address) Hayti, Mo.

2523

564